



# Application for Pesticide Operator's Exam/Certification

Print or type unless otherwise noted. Please do not use pencil. Retain a copy for your records. **You must present a Photo ID at the time of exam.**

## DEP USE ONLY

Certification No.: \_\_\_\_\_

Form No.: \_\_\_\_\_

Bank: \_\_\_\_\_

Check No.: \_\_\_\_\_

Amount: \_\_\_\_\_

Date: \_\_\_\_\_

### Part I: Applicant Information

1. Name and Address of Applicant (must be over 18 years of age)		
Name:	Date of Birth:	
Mailing Address:		
City/Town:	State:	Zip Code:
Phone:	ext.	Fax:
2. Name and Address of Company or Government Agency (if applicable)		
Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	Fax:
E-mail Address:		
Contact Person:	Title:	
<input type="checkbox"/> Check here if renewal is to be sent to company		

### Part II: Fee Information (The fee is waived for local, state, and federal government employees.)

Check the appropriate box:
<input type="checkbox"/> The application fee for the Pesticide Operator's Certification is waived. I am employed by a local, state, or federal government agency.
<input type="checkbox"/> The application fee for the Pesticide Operator's Certification is \$100. Please make check or money order payable to the Department of Environmental Protection.

### Part III: Certification of Accuracy

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute."	
Signature of Applicant _____	Date _____
Name of Applicant _____	

Mail completed application and fee to:

PESTICIDE MANAGEMENT PROGRAM  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127